

**DECLARATION AND POWER OF ATTORNEY
PATENT APPLICATION**

ATTORNEY'S CHECK NO. 12917

As below named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name.

I verily believe I am the original, first and sole or joint inventor (if plural, inventors are named below) of the invention entitled:

METHODS OF DIAGNOSING MUSCLE DAMAGE

the specifications and drawings of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as

Application Serial No. _____

was amended on _____

(if applicable)

I hereby state that I have reviewed and understood the contents of the above identified specification and drawings, including the claims. I acknowledge the duty to disclose information which is known to be material to the examination of this application to the Patent Office in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby state that I do not know and do not believe that the invention which is the content of the above specification, claims and drawings was ever known or used in the United States of America before my invention thereof, or the patented or described in any printed publication in any country before my invention thereof or more than one (1) year prior to this application, that the same was not in public use or on sale in the United States of America more than one (1) year prior to this application, that the invention has not been patented or made the subject of the inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve (12) months prior to this application; and as to applications for patents or inventor's certificate on the invention filed in any country foreign to the United States of America prior to this application by me or my legal representative or assigns.

☐ no such applications have been filed, or

☒ such applications have been filed as follows:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS APPLICATION

COUNTRY CLAIMED	APPLICATION NO.	DATE OF FILING (DAY, MO., YR.)	DATE OF ISSUE (DAY, MO., YR.)	PRIORITY UNDER 35 USC 119
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

ALL FOREIGN APPLICATIONS, IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THIS APPLICATION

PROVISIONAL APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS OF THIS APPLICATION

COUNTRY CLAIMED	APPLICATION NO.	DATE OF FILING (DAY, MO., YR.)	DATE OF ISSUE (DAY, MO., YR.)	PRIORITY UNDER 35 USC 120
United States	60/052,697	16 July 97		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

POWER OF ATTORNEY: As a inventor, I hereby appoint the attorney(s) and agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from PARTEQ INNOVATIONS as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the person's from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

RALPH A. DOWELL REG.NO. 26,868 A. YATES DOWELL, III REG.NO. 28,070
ROBERT K. CARPENTER REG.NO. 34,794 CAROL MIERNICKI STEEG REG.NO. 39,539
DIRECT TELEPHONE CALLS AND SEND CORRESPONDENCE TO:

DOWELL & DOWELL, P.C.

2001 Jefferson Davis Highway, Suite 705

Arlington, Virginia 22202

(703) 415-2555

201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
		VAN EYK	JENNIFER	E.
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		KINGSTON	ONTARIO, CANADA	CANADA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		6 GRENVILLE CRESCENT	KINGSTON	ONTARIO, K7M 3A8 CANADA
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
		ISCOE	STEVEN	D.
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		KINGSTON	ONTARIO, CANADA	CANADA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		318 PALACE ROAD	KINGSTON	ONTARIO, K7L 4T3 CANADA
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
		SIMPSON	JEREMY	A.
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		KINGSTON	ONTARIO, CANADA	CANADA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		402 BAGOT STREET, APARTMENT NO. 3	KINGSTON	ONTARIO K7K 3B9 CANADA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE

Applicant or Patentee: Jennifer E. Van Eyk, Steven D. Iscoe and Jeremy A. Simpson
Serial or Patent No.:
Filed or Issued:
For: METHODS OF DIAGNOSING MUSCLE DAMAGE

Attorney's Docket Number:

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9 (f) and 1.27 (d) - NONPROFIT ORGANIZATION)

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: Queen's University
ADDRESS OF ORGANIZATION: Kingston, Ontario K7L 3N6 Canada
TYPE OF ORGANIZATION:

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA (NAME OF STATE _____)
CITATION OF STATUTE _____
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3) IF LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled

by inventor(s)
described in

- ☒ the specification filed herewith
☐ application serial no. filed
☐ patent no. issued

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME:

ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

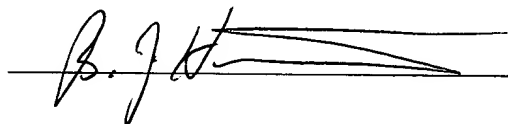
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such wilful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Dr. Bruce Hutchinson, Director (Research Services)

TITLE OF ORGANIZATION: Queen's University at Kingston

ADDRESS OF PERSON SIGNING: Kingston, Ontario K7L 3N6 Canada

SIGNATURE:



DATE: 199807-14

INDEPENDENT INVENTOR

Applicant: Jennifer E. Van Eyk
Attorney's Docket No.: _____
Serial No.: _____
Filed: _____
For: METHODS OF DIAGNOSING MUSCLE DAMAGE

VERIFIED STATEMENT (DECLARATION)
CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(b)) -
INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled:

METHODS OF DIAGNOSING MUSCLE DAMAGE

described in the specification filed herewith.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed or licensed, or am under an

obligation under contract or law to assign, grant, convey or license any rights in the invention is listed below:

NAME: Queen's University at Kingston

ADDRESS: Kingston, Ontario K7L 3N6 CANADA

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NAME OF INVENTOR: Jennifer E. Van Eyk


SIGNATURE OF INVENTOR

DATE: July 14/98

INDEPENDENT INVENTOR

Applicant: Steven D. Iscoe

Attorney's Docket No.: _____

Serial No.: _____

Filed: _____

For: METHODS OF DIAGNOSING MUSCLE DAMAGE

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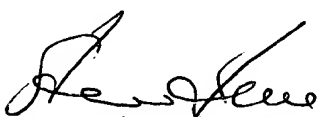
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NAME OF INVENTOR: Steven D. Iscoe


SIGNATURE OF INVENTOR

DATE: 1998 07 14

INDEPENDENT INVENTOR

Applicant: Jeremy A. Simpson
Attorney's Docket No.: _____
Serial No.: _____
Filed: _____
For: METHODS OF DIAGNOSING MUSCLE DAMAGE

VERIFIED STATEMENT (DECLARATION)
CLAIMING SMALL ENTITY STATUS
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NAME OF INVENTOR: Jeremy A. Simpson


SIGNATURE OF INVENTOR

DATE: July 14/98